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RULES CLEARINGHOUSE

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CLEARINGHOUSE RULE 99-106

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]

2. Form, Style and Placement in Administrative Code

a. In ss. HFS 101.01 and 102.01 (intro.), the parentheses should be deleted and either “medical assistance” or “MA” should be used. Both are defined in s. HFS 101.03 (95).

b. Section HFS 103.03 (1) (f) 2. d. refers to “COBRA continuation coverage.” Either this term should be defined or the acronym should be deleted.

c. In s. HFS 103.085 (5), the second sentence should define “cooperate” since that is the term used in the other sentences.

d. In s. HFS 108.02 (13) (b) 1., “the department shall not” should be changed to “the department may not.” This is the correct way to express a prohibition. [See s. 1.01 (2), Manual.]

e. In s. HFS 108.02 (13) (c) 3., the word “otherwise” should be deleted and instead a cross-reference to subds. 1. and 2. should be inserted.

4. Adequacy of References to Related Statutes, Rules and Forms

a. The correct U.S. Code reference in s. HFS 101.03 (67m) should be 42 USC 300gg-91 (a) (1); the correct reference to s. HFS 101.03 (69m) should be 42 USC 300gg-91 (b) (1).

- b. In s. HFS 103.03 (1) (f) 6., “this chapter” should replace “ch. HFS 103.”
- c. In s. HFS 103.04 (6) (b), the “applicable law” should be specifically cited.

5. Clarity, Grammar, Punctuation and Use of Plain Language

- a. In s. HFS 101.03 (170m), “employes’” should replace the first “employees”.
- b. In s. HFS 102.03 (1), the added language should state that “a refusal or failure by an applicant for MA to verify assets does not affect the eligibility for BadgerCare under s. 49.665, Stats.”
- c. Section HFS 103.03 (title) should not be shown since it is not affected by the rule.
- d. The following sections of the rule should be reviewed and consistent terms selected to refer to the health insurance coverage being referred to: ss. HFS 103.03 (1) (f) 2. c. (“health plan coverage”); 103.03 (1) (f) 5. (intro.) (“employer-subsidized plan”); 103.03 (1) (f) 5. c. (“private health insurance”); 108.02 (13) (a) (“family coverage”); 108.02 (13) (b) 1. (“employer insurance”); 2. (“health care coverage”) and 3. (“coverage”).
- e. In s. HFS 103.03 (1) (f) 4. (intro.) should “at least” be inserted before “80%”?
- f. In s. HFS 103.03 (1) (f) 5. d., “a” should be inserted before “good” and a period is needed at the end.
- g. In s. HFS 103.04 (7) (c), “income” should be inserted after “BadgerCare.”
- h. In s. HFS 103.085 (table), should the monthly premium amount that must be linked to the family income’s percentage of the poverty level also be linked to the family’s size? For example, a family with a monthly income of \$1,000 to \$1,499.99 with a family size of two will be at a different percentage of the poverty level than a family with the same income with a family size of four.
- i. In s. HFS 103.085 (1) (d), is the group otherwise eligible for BadgerCare required to pay a monthly premium amount in full to the agency prior to being certified for eligibility? If so, the word “monthly” should be inserted prior to “premium amount.”
- j. In s. HFS 103.085 (2) (b) 4., “is now” should be replaced by “has become.”
- k. In s. HFS 108.02 (13) (b) 3., will the department pick up the remaining 20% of the coverage not paid by the employer if the employer pays 60%? If so, this should be clarified.

Also, in this subdivision and elsewhere in sub. (13), reference is made to “cost of the coverage” or a similar term. Is this referring only to the premium or does it also include deductibles and copayments? See s. 49.665 (1) (c), Stats., which excludes deductibles and copayments from the cost portion of the definition of “employer-subsidized health care coverage.”

Finally, subd. 3. seems to say that the department will not buy employer insurance if the employer pays, for example, 90% of the cost. Is this intended?